

# Spending too much time filling your prescriptions?

## Advantages of *RightSource*

- **Convenience** – You can receive a 90-day supply with each order and never leave your home
- **Savings** – *RightSource* offers opportunities that may reduce your drug costs with lower-cost alternatives and 90-day supply discounts
- **Guidance** – You can speak directly with a pharmacist whenever you need assistance. *RightSource* will notify you when your order is received and shipped. Humana representatives are ready to answer your questions or connect you with a *RightSource* team member

## Questions?

- Call *RightSource* at **1-800-379-0092 (TTY: 1-877-833-4486)**, Monday – Friday, 8:30 a.m. – 7 p.m., Saturday 9 a.m. – 1 p.m., Eastern time
- Find *RightSource* on the Internet at **www.humana.com**

## Using *RightSource*

### New prescriptions

- Ask your doctor to write a new prescription for a 90-day supply of your medication(s)
- Check that your prescription drug plan covers your prescription on **www.humana.com**
- Fill out the *RightSource* registration form in this brochure and mail it with your prescription(s) and payment

### Hassle-free refills

- Go online to **www.humana.com**
- Mail the order form sent with your last *RightSource* delivery
- Call *RightSource* for your refill at **1-800-379-0092 (TTY: 1-877-833-4486)**, 24 hours a day, seven days a week
- Be sure to provide the prescription number printed on the label

### Prompt shipments

- *RightSource* ships your prescription(s) by first-class mail when we receive payment
- Allow two weeks from the date of your order for delivery
- Track the status of your *RightSource* order at **www.humana.com** or call **1-800-379-0092 (TTY: 1-877-833-4486)**

### Get Ready to Order

Have your Humana ID card, credit card, and completed order form ready

- \* We will ship your prescription(s) when we receive payment.
- \* Attach your prescription to your completed registration form and mail with payment. Or your doctor can fax your prescription(s) with your completed form anytime: **1-800-379-7617**.



P.O. Box 29200  
Phoenix, AZ 85038-9200



## REGISTRATION & PRESCRIPTION ORDER FORM

### PATIENT INFORMATION

Member ID Number: \_\_\_\_\_

*found on Humana ID card*

Name: \_\_\_\_\_

*First*

*Last*

E-mail Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY)

\_\_\_\_\_

☐ Male

☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

### ALLERGIES:

☐ No Known

☐ 97 – Codeine

☐ 31 – Penicillin

☐ 40 – Sulfa

☐ 4 – Aspirin

☐ 539 – Peanuts

☐ Other: \_\_\_\_\_

\_\_\_\_\_

### HEALTH CONDITIONS:

☐ No Known

☐ 0250 – Diabetes

☐ 0401.9 – High Blood Pressure

☐ 0493 – Asthma

☐ 0365 – Glaucoma

☐ 0530.81 – GERD (Acid Reflux)

☐ 0244 – Thyroid Disease

☐ 0716.9 – Arthritis

☐ Other: \_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL PATIENT INFORMATION

Member ID Number: \_\_\_\_\_

*found on Humana ID card*

Name: \_\_\_\_\_

*First*

*Last*

E-mail Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY)

\_\_\_\_\_

☐ Male

☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

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☐ Other: \_\_\_\_\_

\_\_\_\_\_

Mail form, payment, and prescription(s) to:

**RIGHTSOURCE**

P.O. Box 29200

Phoenix, AZ 85038

- ☐ VISA
- ☐ MasterCard
- ☐ HumanaAccess Visa Card
- ☐ American Express
- ☐ Discover
- ☐ Money Order
- ☐ Personal Check

DO NOT SEND CASH.

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

\_\_\_\_\_

- ☐ Use this credit card information for this order only.
- ☐ Use this credit card information for all future orders for everyone covered under my current plan. This option saves me time and helps *RightSource* process my orders more promptly.

\*Refer to your benefits material on *MyHumana* at **www.humana.com** for mail-order copayment information.

**NOTE:** By submitting this form, you authorize release of all information to *RightSource* (and other necessary parties) as required to process your prescription(s) and refills under your benefits plan.

**Thank you for your order.**

Please allow two weeks from the date your order form is submitted.